
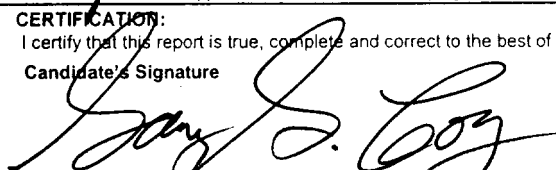


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration		C1 (306)	DATE FILED PDC JUL 16 2007
Candidate's Name (Give candidate's full name.) GARY G. COY				Telephone Number (206) 835-5694	
Candidate's Committee Name (Do not abbreviate.) HAVE NONE				Fax Number (206) 835-5695	
Mailing Address P.O. BOX 349				Candidate's E-Mail Address NONE	
City SEAHURST	County KING	Zip + 4 98062-0349	Campaign E-Mail Address NONE		
1. What office are you running for? WATER COMMISSIONER		Legislative District, County or City	Position No. 2	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office) NONE			3. Date of general or special election NOVEMBER		
4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.					
<input type="checkbox"/> Option I MINI REPORTING : In addition to my filing fee of \$ 0 , I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$300 in the aggregate from any contributor except myself.					
<input type="checkbox"/> Option II FULL REPORTING : I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.					
5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet				Daytime Telephone Number	
NONE				(NONE)	
6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer."					<input type="checkbox"/> Continued on attached sheet
NONE					
7. Campaign Bank or Depository		Branch	City		
NONE		NONE	NONE		
8. Related or Affiliated Political Committees. List name, address and relationship.					
NONE					
9. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address.					
Street Address, Room Number, City where campaign books will be available for inspection					
21/4					
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ()					
10. CERTIFICATION : I certify that this report is true, complete and correct to the best of my knowledge.					Date
Candidate's Signature 					7-14-07